

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006866

STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 45

FILED MAR 12 1962

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oronogo, R 1 Duval Twp.</u>		c. CITY OR TOWN <u>Oronogo R 1, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>11 Miles No. East Carl Jct</u>		d. STREET ADDRESS (If outside, give location) <u>11 Miles No. East Carl Jct</u>	
3. NAME OF DECEASED (Type or print) First <u>NEEL</u> Middle <u>WILLIAM</u> Last <u>DOBBINS</u>		4. DATE OF DEATH Month <u>3</u> Day <u>4</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-10-1910</u>
9. AGE (last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Power-Shovel operator</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Power-Shovel operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	
11. BIRTHPLACE (City and state or country) <u>Joplin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Neel Dobbins</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie M. Stauffer</u>	
14. NAME OF HUSBAND OR WIFE <u>Maneva Dobbins</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Maneva Dobbins, Oronogo R 1. (Mo.)</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u> DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Alba, Mo.</u>	
20g. COUNTY <u>Joplin, Mo.</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>1-3-58</u> to <u>3-4-62</u> and last saw him alive on <u>3-4-62</u> Death occurred at <u>5:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John D. Chey, D.O.</u>		22b. ADDRESS <u>Alba, Mo.</u>	
22c. DATE SIGNED <u>3-5-62</u>		22d. DATE <u>3-6-1962</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>	
23c. LOCATION (City, town, or county) <u>Joplin, Mo.</u>		23d. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Don Roney, Carl Junction, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>3-5-62</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Rhyton M. Johnston

Licensed Embalmer No.

4304

P. O. Address

Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.